

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002301

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

172 3034 4

FILED JAN 29 1963

## 1. PLACE OF DEATH

a. COUNTY

Lafayette

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Higginsville

Length of stay in 1b

32 yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

1813 Lipper Ave.

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Lafayette

c. CITY

Higginsville

OR TOWN

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

1813 Lipper Ave.

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

Joseph

Middle

M.

Last

Piontek

4. DATE

OF DEATH

Month

January

Day

23,

Year

1963

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

6-2-1897

## 9. AGE (last birthday)

65

## IF UNDER 1 YEAR

Months Days

7 27

## IF UNDER 24 HR

Hours Min.

24

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Construction - Farming

## 10b. KIND OF BUSINESS OR INDUSTRY

Building

## 11. BIRTHPLACE (City and state or country)

Clover Bottom, Mo.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Frank Piontek

## 13b. MOTHER'S MAIDEN NAME

Mary Piontek

## 14. NAME OF HUSBAND OR WIFE

Eleanor Kopp Piontek

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

## 17. INFORMANT

Address

Mrs. Eleanor Piontek Higginsville, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Acute myocardial infarction

## INTERVAL BETWEEN ONSET AND DEATH

15 min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown.

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

1-23-63

to 1-23-63

and last saw him alive on 1-23-63

Death occurred at

9:5

A.

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Robert B. Piontek, M.D.

## 22b. ADDRESS

Higginsville, Mo.

## 22c. DATE SIGNED

1/24/63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

1-25-1963

## 23c. NAME OF CEMETERY OR CREMATORY

St. Mary's Catholic

## 23d. LOCATION (City, town, or county)

Higginsville

## (State)

Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

Forrest A. Hoefer Higginsville, Mo.

## 25. DATE RECD. BY LOCAL REG.

Jan. 26, 1963

## 26. REGISTRAR'S SIGNATURE

Lutie Gordon Jordan

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

OCT 14 1966

RECEIVED JAN 10 1967

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Forrest H. Hester

Licensed Embalmer No. 4358

P. O. Address Higginsville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.